

Response letter

World Journal of Clinical Cases

January 1, 2023

Dear reviewers and editors

Thank you very much for your comments and suggestions. As suggested, we have revised the manuscript, according to the comments and suggestions of reviewers and editors, and responded, point by point to, the comments as listed below. The revised manuscript has been edited and proofread by a medical editing company in Hong Kong.

I would like to re-submit this revised manuscript to the *World Journal of Clinical Cases*, and hope it is acceptable for publication in the journal.

Looking forward to hearing from you soon.

With kindest regards,

Yours Sincerely

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Reviewer 1

1. Please explain the acronyms in the parenthesis for their first appearance. For example, ISS score.

Answer: This was an oversight on our part, and we annotated it again when ISS first appeared in the article method.

2. Figure 2. Pie charts are no longer acceptable way to presents the data (based on AMA manual of style, 11th edition). It is recommended to choose an alternative way to express the data in Fig. 2

Answer: We have changed the pie chart to a percent-stacked bar chart.

3. Table 3 and Figure 2 representing a similar data. Hence, it is recommended to keep one of them (preferably table).

Answer: I think what the reviewer wants to express is Table 2 and Figure 3. Thanks for your guidance, I have deleted Figure 3.

4. Table 4. P-value = 0.000 is meaningless. It is suggested to show all p-values less than 0.001 as “P-value < 0.001”.

Answer: Thanks for your guidance, we have made corresponding modifications.

5. Introduction: “posing a major threat to the health of all populations”. It is suggested to cite the following two articles to reflect the COVID impacts overseas:
1- <https://doi.org/10.1016/j.rpor.2020.07.001> 2- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7779976/>

Answer: Adopted, this is a very good article to learn.

Reviewer 2

- 1) In Figure 2 please add (*) above the bars that have a statistically significant difference.

Answer: In the analysis made in Figure 2, we found that there was no statistical difference between them in the comparison of injury types, so (*) was not added.

- 2) Although the severity of trauma has declined in 2020, as indicated by both mechanism of injury and ISS score, this is not reflected on management, as the difference in emergency surgeries and mortality have no statistically significant

difference between the two periods. Please comment accordingly in the Discussion section.

Answer: This question is really difficult to answer. We tried to search more articles for reference and have added them to the discussion of the article. I hope you are satisfied with our answer.

Reviewer 3

1. The term "death" should be specified in Table 4, if it should be considered a death that occurred in-hospital on arrival at the emergency room.

Answer: Thanks to the reviewer's reminding, we redefined "death" in the Note.

2. Could you please comment briefly on the very low death rate in 2019 and 2020 despite an important rate of patients with ISS scores over 15.

Answer: According to our study, the number of trauma patients with ISS less than 15 increased in 2020 compared with 2019, while the number of patients with ISS greater than 15 decreased, and the overall average injury severity was significantly reduced, as well as the mortality rate.

In terms of trauma severity, we observed that the mean ISS score of the lockdown period was lower than that of the same period in 2019, with the main significant difference being an increase in the proportion of low scores (< 15) and a decrease in the proportion of high scores (> 25). This is consistent with the studies of Andreozzi et al. and Qasim et al. , considering that factors such as family injury and penetrating injury increase the proportion of emergency surgery, but the risk of death is also small due to the small severity of this type of injury.